

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

BEST AVAILABLE COPY

SERIAL NO.
09 / 767610

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
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7		1				
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28		1				
29						
30		1				
31	1					
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34		1				
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38	1					
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46						
47						
48	1					
49		1				
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52						
53	1					
54	1					
55	1					
56	1					
57		1				
58	1					
59	1					
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS

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CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
10 1	/					
102						
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49	/					
50	/					
TOTAL IND.	29	↓		↓		↓
TOTAL DEP.	120	↓		↓		↓
TOTAL CLAIMS	149					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Claim		Date											
Final	Original												
151													
152													
153													
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SYMBOLS

✓ Rejected

= Allowed

- (Through numeral) Canceled

+ Restricted

N Non-elected

I Interference

A Appeal

O Objected

Claim		Date											
Final	Original												
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202													
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